

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>me</i>		<i>1/28/00</i>
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>LZ</i>	<i>811</i>	<i>9/6/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

— (through numeral) ... Canceled  
 ÷ ... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
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Best Available Copy